## $\Box$ CR Records Printed $\Box$ Entered into VBA

## **International Assurance Application Form Details**

**Insurance Services of** 

America, Inc.

Currency: US

Data Date: 01/14/2018

**POLICY NUMBER:** BG001030-23-c37f2fa2 Contract Note:

**Type of Contract:** International Assurance

Agent/Broker Name: **Graham Bates**  **Application Date:** 

01/14/2018 **Policy status:** Complete

**Agent/Broker Number:** 91f036ef

Details of Group / Team:

**Group Name:** Paquin Entertainment Group

**Group/Team Leader Name:** 

RENEE MANDZIUK

MAIL FORWARDING ADDRESS:

Address line 1:

Postal code:

Postal code:

City:

City:

468 Stradbrook Avenue

Address line 2:

State: Manitoba **Country:** Canada

**Telephone home:** 

**BILLING ADDRESS:** 

Address line 1: 468 Stradbrook Avenue

Winnipeg

R3L 0J9

\$31.46

Winnipeg

R3L 0J9

Address line 2:

State: **Country:**  Manitoba Canada

**Telephone home:** 

8006474589

Group / Team E-mail:

aclay@azimuthrisk.com

Insured Persons [Original Information]:

**Start Date Term Date Deductible** Person Gender DoB Limit **Days Rate Sports Premium** 

Holly McCourt F 01/15/1993 02/21/2018 03/05/2018 \$ 0.00 \$ 600000 13 2.42 Yes \$ 31.46

## **Total Policy Premium**

\$ 31.46

Premium:

**Premium:** 

**Net Premium:** \$ 31.46 **Premium Paid to date:** 

\$ 31.46

Payment History:

Method **Card Type Remarks** Action **Date Amount** 14/01/2018 Other \$31.46 Registration